



Georgia Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)



Attachment A

Local Agency Name

Address

Phone number

WIC PARTICIPANT EMAIL AND TEXTING CONSENT FORM

(Local Agency name) WIC staff has requested my permission to contact me by text messaging, email, or both to send me WIC appointment reminders and information about the WIC Program's services and benefits.

By accepting and signing this form, I authorize (Local Agency name) to send text messages, emails, or both to me to better serve and support my child/ren and family. These text messages may contain protected health information or confidential WIC participant information that may be seen by others. I acknowledge that I have been informed of the following risks of sending confidential information via text messaging or emails:

1. Another person could see and read the text message or email;
2. The text message or email could inadvertently be sent to the wrong person or telephone number;
3. Text messages and emails can be viewed on multiple devices and can be saved electronically, printed out, or played on speakers;
4. Text messages and emails can be forwarded to other people; and
5. While encryption adds an additional layer of privacy protection, even encrypted text messages or emails might not be completely secure.

I understand that my choice to sign or not sign this form will NOT affect my eligibility for, or participation in, the WIC Program, or the eligibility for, or participation in, the WIC Program of any children for whom I am legally responsible.

I understand that, depending on my cell phone plan, my cell phone carrier may charge me fees for text messages or other data rates.

I also understand that I may withdraw this consent in writing at any time. I further agree that in the event my cell phone number changes or the number is no longer in my possession, I will immediately inform the (Local Agency name).

If my cell phone number or email address changes, or I no longer wish to receive text messages or emails, I understand that it is my responsibility to contact the (Local Agency name).

This consent will expire one (1) year from the date this consent is signed, unless I withdraw my consent in writing before that date.



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CONSENT: I give WIC staff my permission to contact me in the following ways:

- Text messaging. If yes, cell phone number is: _____
- Email. If yes, email address is: _____

Signing this form means I understand and acknowledge:

1. I am responsible for any costs that my phone company charges for text messages or other data rates.
2. WIC staff may send me texts, emails, or both about WIC appointments or other WIC information, including protected health information and confidential WIC information.
3. I can contact WIC if I want to change the way staff contact me about appointments.
4. I accept the risks of sending confidential information via text message or email, as explained above.
5. I can withdraw my consent to receive text messages and emails from (Local Agency name) at any time in writing.

WIC Participant Signature

Date

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1.mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

2.fax:

(833) 256-1665 or (202) 690-7442; or

3.email:

Program.Intake@usda.gov